

COMPLETE SOLUTIONS COMPANY PENSION PLAN

APPLICATION DETAILS

	Notice. This explains wha	ersonal information please note that Irish Life l t your data protection rights are and how and v s available on our website at <u>www.irishlife.ie</u> o	why we use your personal
		S CAREFULLY BEFORE ANSWERING THEM AND USE BLis will cause a delay in processing your application.	OCK CAPITALS.
000063	=	lviser submits your application electronically Irish Life	
	Product Selection		
	Please tick which product you re		
	Or	or Complete Solutions Company 1 Bond or Complete Solutions Company Bond	
	Profile Number		
If this section is left blank is will delay us processing your application	> Regular Contribution	Lump Sum	-
	1. Personal Detai	ls (Employee)	
	Title (Mr/Mrs/Ms etc)		
	First Name Last Name		Initial (if applicable)
	Date of Birth	dd/mm/yyyy Age Next Birtl	nday
Must be between the age of 60 and 70	> Normal Retirement Age		
	Gender	Male Female	
	Relationship Status	Single Married Separated Divorced	Registered Civil Partner Widowed
/e are obliged to establish /our nationality to comply ith anti-money laundering requirements	Country of Birth Nationality		
Payslip or P60 required to verify salary	Precise Occupation > Annual Salary (Schedule E only)	€	
25 number should contain 7 digits and 1 or 2 letters	> PPS Number	-	
, G = 1 1 2. 2 lotto13	Are you a one man company?		Yes No

ILA 0489 (REV 11-18)

2. Contact Details (Employee) Address County Contact phone numbers Home Mobile Email address 3. Employer & Employment Details Name of Employer Company Registered Number (if applicable) Address for correspondence Employer contact name Employer contact phone number When did this employment start? Does the employee alone, or together with his or her spouse and/or minor children, Yes No directly or indirectly own or control more than 20% of the voting rights of the employer Employers tax reference number 4. Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP Are you or any of the Beneficiaries, Trustees, Settlors, Appointers or in the case of a Company Owner, Yes () Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA? 5. Contribution Details **Employer Contribution Employee Contribution** € **AVC** Contribution € € Total Investment amount Direct Debit Cheque How are regular contributions to be made Cheques for regular contributions can only be made when contributions are made on a yearly basis and exceed €3,000 Monthly Quarterly Half Yearly Yearly If direct debit contributions are chosen, what day of the month would you like direct debits taken? (1st to the 28th of the month only) Do you want inflation protection? No

Please note that mobile number AND email address MUST be provided if you wish to receive online communications.

Employers tax reference number should contain 7

digits and 1 or 2 letters

If Yes, please complete

the Politically Exposed Person (PEP) or Relative

or Close Associate (RCA) Supplementary Form

An explanation of these

terms is provided in Supplementary Form

On what date do you want your plan to commence?

This increase will take place on the yearly anniversary date of the plan.)

(Contributions will increase in line with inflation or at a rate set by Irish Life (currently, this is 5% per annum) whichever is higher.

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Pease refer to your guide toyour Self-invested Fund Abulti Asset Portfolio Fund 2	Payment must be made from	IBAN														
Employer Lump Sum Amount		Name of Account holder to be debit	ed													
there are any exceptions to this please contact us. Additional Voluntary Contribution Total Investment Amount ■ S. Fund Details You can split your investment between up to 10 funds, Please make sure that the percentages add up to 100%. Regular Contribution Lump Sum Contribution Global Cash Fund Multi Asset Portfolio Fund 2 Multi Asset Portfolio Fund 3 Multi Asset Portfolio Fund 4 Multi Asset Portfolio Fund 4 Multi Asset Portfolio Fund 4 Multi Asset Portfolio Fund 5 Multi Asset Portfolio Fund 5 Multi Asset Portfolio Fund 6 Please read year Fund Goode for a full fish of the funds available. The risk level and volatility rating of a fund can change from time to time. Please read year Fund Goode for a full fish of the funds available. The risk level and volatility rating of a fund can change from time to time. Please read year Fund Goode for a full fish of the funds available. The risk level and volatility at the funds available information. It is sufficient to a full fish of the funds available information. Under Funds - Regular Contribution Other Funds - Lump Sum Contribution Other Funds - Lump Sum Contribution Other Funds - Lump Sum Contribution Under Funds - Lump Sum Contribution Other Funds - Lump Sum Contribution Under Funds - Lump Sum Contribution Under Funds - Lump Sum Contribution Other Funds - Lump Sum Contribution Under Funds - Lump Sum Contribution Und	by cheque from the	7. Lump Sum						7								
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number AND email address MUST be provided if you wish to receive online communications (see section 2) Your Plan Communication How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular statements) Please tick one option: Online By paper post	number AND email address MUST be provided if you wish to receive online communications	statements)	plan communi	ication f			exam	ple, yo	our we	elcom	e pac	k, lett	ers an	d regu	ular	
If you do not choose an option we will assume you want to receive communications by paper post.		·					nmuni	cation	is hiv r	naner	nost					

	Do you want the original plan schedule to be sent to your financial adviser (not applicable if	plan is taken out through an Irish
	Life tied agent)?	Yes No
	You will be notified by text and email when communications are added to your account.	
	Your plan communications will be securely stored in your personal online account.	
	Self Invested Fund trade confirmations are only available online.	
	Business Replacement (only to be completed if through an Irish Life tied agent)	f plan is taken out
TI: : 1 1	Does this plan replace or partially replace another policy (with us or any other company) whor is about to be cancelled or reduced?	nich has been cancelled or reduced
This includes: Canada Life	> Yes, this plan is replacing an Irish Life plan	
Progressive Life	Yes, this plan is replacing a plan from another life company	
	No, this plan is not replacing another plan	
	Existing Plan Number	

We need this information to match the declaration section to your electronic

application



COMPLETE SOLUTIONS COMPANY PENSION PLAN DECLARATIONS

Proposal Num	ber:																
Customer Review Number	er																
Customer Name																	
Financial Adviser Name																	
Any words in the singu	lar also m	ean the			_						e" ar	nd "ı	ny" r	nean	is "o	ur" et	c.)
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Between] ("the	emplo	oyer")
And] ("the	emplo	oyee")
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Trustee appointment:		loyer O r					ee be	low i		•			Trusto	ee Se	ervice	s Ltd [*]	•
*Notification of this appoint do not select 'Other', the				the Pla	an com	nmen	ces. U	ntil n	otifie	d, th	ne en	nploy	/er wi	ll act	as trı	ustee.	If you
Dear Employee The employer has decide <i>Plan"</i>).	d to offer y	ou the a	dvanta	iges of	a Com	nplete	Solut	ions	Com	pany	y Per	nsion	Plan	(here	einaft	er call	ed "the

The Plan commences on the date of this letter ("the commencing date"), and is governed by this letter and the Rules of the Scheme ("the Rules"), a copy of which you will receive.

The Employer establishes the Plan under irrevocable trusts to be administered in accordance with the Rules. This retirement benefits scheme is capable of being treated by the Revenue Commissioners as an exempt approved scheme in accordance with Chapter 1 of Part 30 of the Taxes Consolidation Act 1997 to provide you, the employee, with the relevant benefits as defined therein.

The Plan is an occupational pension scheme and a defined contribution scheme within the meaning of the Pensions Act 1990 and this letter and the Rules shall be construed subject to the provisions of the said Act.

The Scheme is established as a one member arrangement within the meaning of the Occupational Pension Schemes (Investment) Regulations 2006 to 2010 and the Occupational Pension Schemes (Disclosure of Information) Regulations 2006 to 2013. While you have discretion to give instructions as to the investment of scheme resources in accordance with the Rules, the Life Office is not responsible for any instructions you give to the Employer or the Trustee which are not received by the Life Office.

The Plan benefits will be provided by means of an assurance or assurances, under a policy or policies to be issued by Irish Life Assurance plc ("the Life Office") in pursuance of the Application to which this letter is attached and of any subsequent supplementary applications made to the Life Office ("the Applications").

The employer hereby selects and appoints the trustee named above as trustee of the Plan

The trustee will own and is entitled to receive all information on the policy or policies issued by the Life Office in relation to the Scheme. The employer and employee understand and acknowledge that the trustee will process and hold this information for the purposes of issuing and administering all aspects of this contract, including disclosing the data to regulatory authorities, or, as required by law.

The contributions payable towards the assurance or assurances will be contributions made by you (including Additional Voluntary Contributions) and/or the Employer in accordance with the Applications subject always to the Rules.

Please acknowledge receipt of this letter by signing below and returning it to the employer.

	Please acknowledge receipt of this letter by sign	ing below and returning it to tri	e employer.	
Please sign and date	Signature of person duly authorised to sign for and on behalf of the EMPLOYER.	X		
	Name of authorised person			
	Position in company			
	I acknowledge receipt of this letter and understa	and the contents hereof. I hereb	by agree to be included in the	scheme.
Please sign and date	> Signed EMPLOYEE	X		
	B. Revenue Details			
	Details are required as part of the approval proce please attach additional details on a separate she		ioners. If there is insufficient s	space below
	Does the employee have any pension benefits (this information must also be provided where re			No O
	If NO, please go to section C.			
	If Yes, please complete the rest of this section.			
	Does the employee have Defined Contremployments? Yes - Current employment Yes - If Yes to either provide details:	ibution company scheme per	ension benefits from currei	nt or previous
		rent value uding AVC / PRSA AVC values)	€	
	If current employment Tota	l employer contributions	€	per annum
	Tota	l employee contributions	€	per annum
	Name of Life Office			
	If previous employment			
	Scheme Name			
	Name of Life Office			
	2. Does the employee have Personal Pensi previous employments? Yes No Surrent value €		ployed) pension benefits f	rom current or
	Name of Life Office			

Current value of any AVC / PRSA AVC If current employment	Normal retirement age payable at NRA (if in addition to pension at NRA) Registered civil partners pension? € Current value of any AVC / PRSA AVC € If current employment Total employee & AVC contributions Personal Death benefit Previous employment Date of leaving service If previous employment Date of leaving service A. Have you received retirement benefits from any other pension arrangements? Yes No If Yes provide details Date benefits were paid? For Defined Contribution Schemes, PRSA or Personal Pension benefits: Total value of pension fund at date of payment € For Defined Benefit / Public Sector Schemes: Gross Retirement Lump Sum (before any tax paid): € Annual pension income: € ayear	employments? Yes - Current employment	Yes - Prev	vious employ	ment	No 🔘	
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		Annual pension income:			€	a year	
Further pension henefit details (if any)	Further pension benefit details (if any)	Final value of AVCs (if not	included in the above amo	unts):	€		
Turtifici perision benefit details (if any)		Further pension benefit de	etails (if any)				

3. Does the employee have Defined Benefit Company scheme pension benefits from current or previous

C. Employee/Member Plan Declaration

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I hereby agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on this application form (online or otherwise), Letter of Exchange in this application form, declarations, together with all terms and conditions furnished by Irish Life.

I declare that I have been provided with the necessary information to make an informed investment decision. I am happy with the investment choice made on this application form (or supplied though any additional documents linked to this application).

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

I confirm that I have read and understood all the above declarations.



D. Employer Declaration To Irish Life - must be completed in all cases where the employer is the trustee or where an independent trustee has been appointed.

I declare that all the answers to the above questions are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on the declarations and Letter of Exchange in this application form (including this declaration), together with all terms and conditions furnished by Irish Life. I declare I know of no material fact other than those stated, being a fact concerning circumstances which may influence the assessment and acceptance of an application by Irish Life.

I understand that failure to disclose all material facts could render the contract void. I understand that if I am in doubt as to whether any facts are material I should disclose them.

I understand that the product(s) are conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I acknowledge and I understand and accept that the contract to which this application form and declaration applies is between Irish Life and the parties named on the Letter of Exchange that established this scheme. I confirm that the contract effected in pursuance of this application will be held by the Trustee under irrevocable trust for the purpose of providing retirement and other relevant benefits as defined by Chapter 1, Part 30 of the Taxes Consolidation Act 1997 to or in respect of the employee as set out in the Rules of the Scheme. Irish Life will act on either my (the employer's), the employee's or the trustee's instructions in accordance with the Plan's Terms and Conditions.

S59 of Part VI of the Pensions Act, 1990 as amended, requires that a registered administrator is appointed and I understand that Irish Life are appointed to act as such for this Scheme. By accepting this application, Irish Life agrees to act in accordance with this role (outlined in S64G of Part VIA of the Act). I agree that either Irish Life or the trustee can choose to terminate this appointment by giving at least 90 days written notice to the other party. This 90 day notice period may only be reduced where both parties agree to it, or if required by legislation.

If the employer named on the Letter of Exchange is also appointed as Trustee I acknowledge that I as the trustee am responsible for ensuring that the employee (member) has been/will be provided with all information required by relevant pension's legislate on and all information necessary to enable him/her to exercise any discretion allowed under the Scheme Rules in relation to investment choice.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.



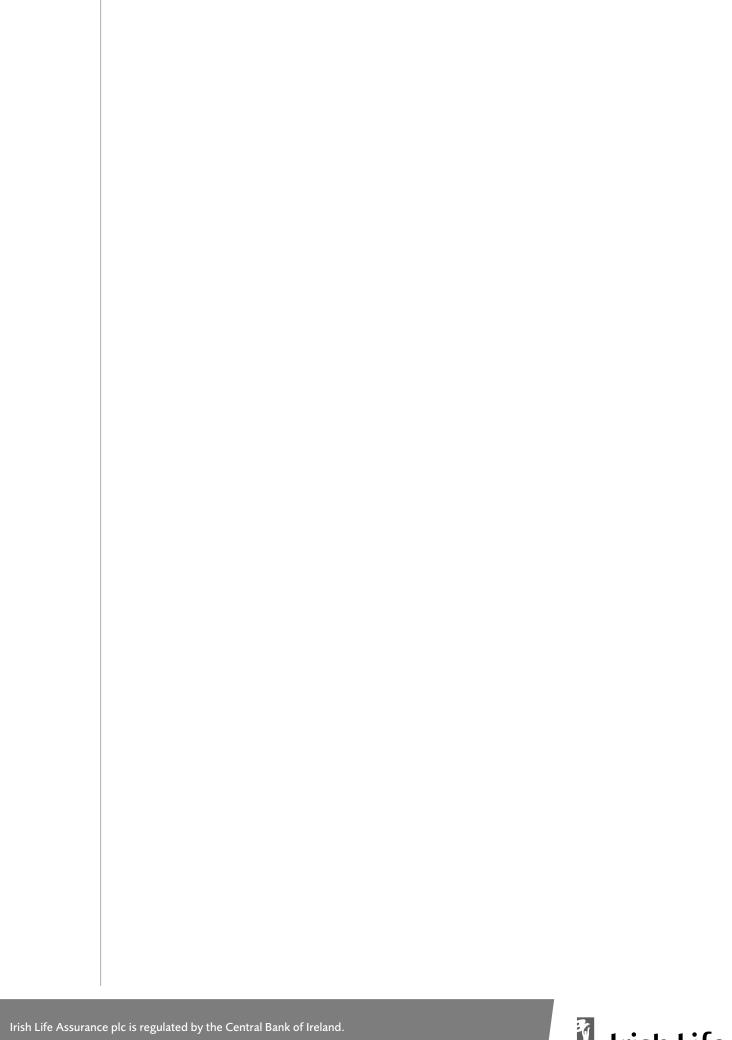
E. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing <u>dataprotectionqueries@irishlife.ie</u> or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Customer	l agree	I don't agree
Trustee	I agree	I don't agree







= —		tails
8	Please complete <u>all</u> the fi	elds in this Section
000	Plan Number(s)	
	If this mandate is to cover mor	re than 3 plans, please attach separate instructions.
	Name of Plan Owner(s)	
	Direct Debit collection date	of the month (1st to 28th only)
	Payment frequency	Monthly Quarterly Half Yearly Yearl
	SEPA DIRE	CT DEBIT MANDATE
	Please complete all the fig	elds below marked * and return this mandate to Irish Life
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Information is correct as of 01/05/2018 and is subject to change. Irish Life Irish Life Assurance plc is regulated by the Central Bank of Ireland.